									Application or Dock t Number					
PATENT APPLICATION FEE DETERMINATION RECO										1				
. Effective November 10, 1998									199 9 du 190					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY.	OR		THAN ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			42	, minus :	20=	. 22	_		X\$ 9=		OR	1/010	291	
INDEPENDENT CLAIMS			3	minus	3 =	. 2			X39=	 	1	1/70	314	
MULTIPLE DEPENDENT CLAIM PRESENT									-	OR		1.56		
* If the difference in column 1 is less than zero, enter "0" in column 2						' [+130=	 	OR		(5:5			
								TOTAL	<u></u>	OR	l	1312		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	OTHER SMALL			
ENTA		CLAII REMAII AFTI AMENDI	INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID, FQR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 2	3	Minus	RR	42	=		X\$ 9=		OR	X\$18=		
AME	Independent	- /		Minus	***	<u> </u>	1		X39=		OR	X78=		
	FIRST PRESE	NIAHUN	OF MU	LIPLE DEF	ENU	ENI CLAIM			+130=		OR	+260=	-	
12-30-04							A	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE			
1	. 50 0 ,	(Colum				Column 2)	(Column 3)	• -	DDI		• -			
AMENDMENT B		CLAIR REMAIN AFTE AMENDI	INING ER		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 39	7	Minus	49	42	=		X\$ 9=		OR	X\$18=		
AME	Independent	* 5	2. 1	Minus	***	<u> </u>	7		X39=		OR	X78=		
	FIRST PRESE	NIAHON	OF MUI	LIPLE UEF	ENU	ENI CLAIM			+130=		OR	+260=		
								ΑI	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		REMAIN AFTE AMENDA	NING ER		PRI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	'	Minus	**		-		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***		=	r	X39=		OR	X78=		
	FIRST PRESE	NIAHON	OF MUL	TIPLE DEP	END	ENT CLAIM			+130=		OR	+260=	·	
** 1	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 								TOTAL		.	TOTAL		
	If the "Highest Nur	mber Previo	iously Paid	id For IN THIS	S SPA	CE is less than	n 3, enter "3."		DIT. FEE L	conviste box	^	NDDIT. FEE		